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<b>State:</b>	Arkansas	<b>Filing Company:</b>	Catlin Insurance Company, Inc.
<b>TOI/Sub-TOI:</b>	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
<b>Product Name:</b>	Catlin ER Amendment		
<b>Project Name/Number:</b>	Catlin ER Amendment/AHAG 404 (AR) 0712		

## Filing at a Glance

Company:	Catlin Insurance Company, Inc.
Product Name:	Catlin ER Amendment
State:	Arkansas
TOI:	H02G Group Health - Accident Only
Sub-TOI:	H02G.000 Health - Accident Only
Filing Type:	Form
Date Submitted:	08/17/2012
SERFF Tr Num:	CATL-128620376
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	AHAG 404 (AR) 0712
Implementation	On Approval
Date Requested:	
Author(s):	Carolyn Smart, Darcy LeBau
Reviewer(s):	Rosalind Minor (primary)
Disposition Date:	08/20/2012
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

**State:** Arkansas  
**TOI/Sub-TOI:** H02G Group Health - Accident Only/H02G.000 Health - Accident Only  
**Product Name:** Catlin ER Amendment  
**Project Name/Number:** Catlin ER Amendment/AHAG 404 (AR) 0712

**Filing Company:** Catlin Insurance Company, Inc.

## General Information

Project Name: Catlin ER Amendment  
Project Number: AHAG 404 (AR) 0712  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Group Market Type: Employer, Association, Trust, Other

Status of Filing in Domicile: Not Filed  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Group  
Group Market Size: Small and Large  
Explanation for Other Group Market Type: Unions & Customers of Financial Institutions  
Filing Status Changed: 08/20/2012  
State Status Changed: 08/20/2012  
Created By: Carolyn Smart  
Corresponding Filing Tracking Number:

Overall Rate Impact:

Deemer Date:  
Submitted By: Carolyn Smart

### Filing Description:

The Honorable Jay Bradford  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201  
Attention: Life & Health Division

Re: Catlin Insurance Company, Inc.

FEIN#: 204929941

NAIC#: 4574 19518

Group Accident Amendment Filing

Forms:

Emergency Treatment Benefit Rider Form # AHAG 404 (AR) 0712

Honorable Commissioner Bradford:

I respectfully submit the amendment filing referenced above on behalf of Catlin Insurance Company, Inc. ("Catlin") for your review and approval prior to use in your state. Westmont Associates, Inc. has been requested to file this form on behalf of Catlin. Please see the enclosed authorization letter.

More specifically, Catlin is submitting the enclosed rider listed above to be available with its previously filed Arkansas Group Accident Policy (which was approved by your Department on April 12, 2010 under SERFF Tracking # CATL-126536128).

The Emergency Treatment Benefit Rider is an additional coverage which can be added to the Group Accident Policy by selection of the policyholder. The Emergency Treatment Benefit Rider allows for payment if the insured requires Emergency Room Treatment by a physician in a Hospital Emergency Room. This addition broadens the complete product available with the Group Accident Product. The Emergency Treatment Benefit Rider is a low cost indemnity only benefit offering a very limited coverage that is intended to offer supplemental cover, filling gaps in primary Major Medical plans. This coverage is not intended to be a Major Medical plan. The coverage will not differentiate between individuals in eligibility, benefits or premiums based on any health factor of an individual.

In accordance with Arkansas' filing requirements, enclosed please find:

- Letter of Authorization

**State:** Arkansas  
**TOI/Sub-TOI:** H02G Group Health - Accident Only/H02G.000 Health - Accident Only  
**Product Name:** Catlin ER Amendment  
**Project Name/Number:** Catlin ER Amendment/AHAG 404 (AR) 0712

- Forms
- Statement of Variability
- Readability Certification
- Certification of Compliance with Regulation 19

I thank you in advance for the time spent on this filing and trust that you will find everything in order. Please do not hesitate to contact me directly at 856-216-0220, x 211 or at Carolyn@Westmontlaw.com if you have any questions or require additional information.

Respectfully,  
Carolyn Smart

## Company and Contact

### Filing Contact Information

Carolyn Smart, carolyn@westmontlaw.com  
Westmont Associates, Inc. 856-216-0220 [Phone]  
25 Chestnut Street, Suite 105  
Haddonfield, NJ 08033

### Filing Company Information

Catlin Insurance Company, Inc.	CoCode: 19518	State of Domicile: Texas
1600 Market Street	Group Code: 4574	Company Type: Property and
Suite 1616	Group Name: Catlin US Insurance	Casualty
Philadelphia, PA 19103	Group	State ID Number: 19518
(215) 466-9132 ext. [Phone]	FEIN Number: 20-4929941	

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per form
Per Company:	No

Company	Amount	Date Processed	Transaction #
Catlin Insurance Company, Inc.	\$50.00	08/17/2012	61778533

<b>SERFF Tracking #:</b>	CATL-128620376	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	AHAG 404 (AR) 0712
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Catlin Insurance Company, Inc.		
<b>TOI/Sub-TOI:</b>	H02G Group Health - Accident Only/H02G.000 Health - Accident Only				
<b>Product Name:</b>	Catlin ER Amendment				
<b>Project Name/Number:</b>	Catlin ER Amendment/AHAG 404 (AR) 0712				

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/20/2012	08/20/2012

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Catlin Insurance Company, Inc.
<b>TOI/Sub-TOI:</b>	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
<b>Product Name:</b>	Catlin ER Amendment		
<b>Project Name/Number:</b>	Catlin ER Amendment/AHAG 404 (AR) 0712		

## Disposition

Disposition Date: 08/20/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Letter of Authorization	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Emergency Treatment Benefit Rider	Approved-Closed	Yes

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Catlin Insurance Company, Inc.
<b>TOI/Sub-TOI:</b>	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
<b>Product Name:</b>	Catlin ER Amendment		
<b>Project Name/Number:</b>	Catlin ER Amendment/AHAG 404 (AR) 0712		

## Form Schedule

Lead Form Number: AHAG 404 (AR) 0712							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 08/20/2012	AHAG 404 (AR) 0712	POLA	Emergency Treatment Benefit Rider	Initial:	69.600	AHAG 404 (AR) 0712.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

**RIDER:** **AHAG 404 (AR) 0712**  
POLICY HOLDER: [policy holder]  
POLICY NUMBER: [policy number]  
POLICY EFFECTIVE DATE: [policy effective date]  
POLICY ANNIVERSARY DATE: [policy anniversary date]  
POLICY TERM: [policy term]  
STATE OF ISSUANCE: [State]  
RIDER EFFECTIVE DATE: [rider effective date]

### EMERGENCY TREATMENT BENEFIT

We will pay the benefit shown in the *Schedule of Benefits*, if a Covered Person requires Emergency Room Treatment by a Physician in a Hospital Emergency Room subject to the Maximum Number of Visit in the *Schedule of Benefits*.

**Definition** For purposes of this benefit:  
**Emergency Room** means a trauma center or a special area in a Hospital that is equipped and staffed to give people emergency treatment on an outpatient basis. An Emergency Room is not a clinic or Physician's office.

**Exclusions** For purposes of this benefit:  
In addition to the General Exclusions stated in the Policy, We will not cover charges under this Rider for:

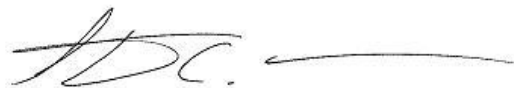
1. Hernia, however caused;
2. Services or treatment provided by a family member or the Covered Person;
3. Cosmetic surgery or procedures;
4. Any loss to which a contributing cause was the Covered Person's being engaged in any illegal occupation or activity;
5. Pregnancy or childbirth

The President and Secretary of Catlin Insurance Company, Inc. witness this Rider.



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President



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Secretary

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Catlin Insurance Company, Inc.
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<b>Product Name:</b>	Catlin ER Amendment		
<b>Project Name/Number:</b>	Catlin ER Amendment/AHAG 404 (AR) 0712		

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	08/20/2012
Comments:	Readability Certification & Certification of Compliance with Regulation 19 are attached.		
Attachment(s):			
Readability Cert SIGNED.pdf			
AR Certificate of Compliance with Rule 19 SIGNED.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	08/20/2012
Comments:	This is an amendment filing to a previously approved policy filing. The policy will utilize the application & enrollment form previously approved with the policy, Form #s AHAG A01 (AR) 0110 and AHAG A02 (AR) 0110, approved by Arkansas 04/12/2010.		

		Item Status:	Status Date:
Satisfied - Item:	Letter of Authorization	Approved-Closed	08/20/2012
Comments:	Letter of Authorization is attached.		
Attachment(s):			
Amendment Group Accident Letter of Authorization Signed.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved-Closed	08/20/2012
Comments:	Statement of Variability is attached.		
Attachment(s):			
AHAG 104 0712.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	08/20/2012
Comments:	Cover Letter is attached.		
Attachment(s):			



<b>SERFF Tracking #:</b>	CATL-128620376	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	AHAG 404 (AR) 0712
<b>State:</b>	Arkansas	<b>Filing Company:</b>	Catlin Insurance Company, Inc.		
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AR Emergency Treatment Benefit Rider Cover Letter.pdf

## READABILITY CERTIFICATION

To Whom It May Concern:

This is to certify that the attached form achieved a Flesch Reading Ease Score and is in compliance with applicable laws and regulations as follows:

Form #	Title	Flesch Score
AHAG 404 0712	Emergency Treatment Benefit Rider	69.6

Catlin Insurance Company, Inc.



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Bob Eells  
Director – Regulatory Development

7/26/12

Date

**Catlin Insurance Company**

Home Office: 1330 Post Oak Boulevard, Suite 2325, Houston, TX 77056  
Administrative Office: 3340 Peachtree Road N.E., Suite 295, Atlanta, GA 30326

**CERTIFICATE OF COMPLIANCE**

I certify that the attached submission meets the provisions of Rule 19 as well as all applicable requirements of the Arkansas Insurance Department.

A handwritten signature in black ink, appearing to read 'Bob Eells', is positioned above a horizontal line.

Bob Eells  
Assistant Vice President

Dated: 8/17/2012



1330 Post Oak Boulevard  
Suite 2325  
Houston, TX 77056

April 18, 2012

Catlin Insurance Company, Inc.  
FEIN#: 204929941  
NAIC#: 4574 19518

Letter of Authorization  
Filing of Forms, Rates and Rules

Dear Sir or Madame:

In accordance with the applicable statutes and regulations in your state, Darcy Lebau and Westmont Associates are hereby authorized to file form, rate and rate filings on behalf of Catlin Insurance Company, Inc.

Very truly yours,

A handwritten signature in black ink, appearing to read "Bob Eells".

Bob Eells  
Director – Regulatory Development



**Catlin Insurance Company Incorporated**  
**[1330 Post Oak Blvd., Suite 2325, Houston, TX 77056]**  
**A Stock Insurance Company**

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**STATEMENT OF VARIABILITY**  
**For**  
**Emergency Treatment Benefit**  
**Form Number AHAG 404 0712**

Language that is bracketed in the form is intended to be variable. Below is an explanation of those variables.

<b>Emergency Treatment Benefit Rider</b>	
POLICY HOLDER: [policy holder]	Varies based on the Client's legal name
POLICY NUMBER: [policy number]	Each Policyholder will have a unique policy number
POLICY EFFECTIVE DATE: [policy effective date]	The effective date of the master policy
POLICY ANNIVERSARY DATE: [policy anniversary date]	The anniversary date of the master policy
POLICY TERM: [policy term]	The policy term of the master policy
STATE OF ISSUANCE: [State]	The state in which the Policyholder is located in
RIDER EFFECTIVE DATE: [April 1, 2012]	Date in which the rider is added to the Policy

Emergency Treatment Benefit Rider	
POLICY HOLDER: [policy holder]	Varies based on the Client's legal name
POLICY NUMBER: [policy number]	Each Policyholder will have a unique policy number
POLICY EFFECTIVE DATE: [policy effective date]	The effective date of the master policy
POLICY ANNIVERSARY DATE: [policy anniversary date]	The anniversary date of the master policy
POLICY TERM: [policy term]	The policy term of the master policy
STATE OF ISSUANCE: [State]	The state in which the Policyholder is located in
RIDER EFFECTIVE DATE: [April 1, 2012]	Date in which the rider is added to the Policy

<b>Base Policy – Schedule of Benefits</b>		
Benefit Amount	[\$1,000] per visit	The range will be \$100 - \$2,000
Maximum Number of Visits	[2] per year	The range will be 1 - 5

Base Policy – Schedule of Benefits		
Benefit Amount	[\$1,000] per visit	The range will be \$100 - \$2,000
Maximum Number of Visits	[2] per year	The range will be 1 - 5

<b>Application – Additional Accident Benefits</b>	
[Emergency Treatment Benefit: <input type="checkbox"/> Yes <input type="checkbox"/> No]	This will be in or out, if in: <input type="checkbox"/> Yes <input type="checkbox"/> No will be in or out

Application – Additional Accident Benefits	
[Emergency Treatment Benefit: <input type="checkbox"/> Yes <input type="checkbox"/> No]	This will be in or out, if in: <input type="checkbox"/> Yes <input type="checkbox"/> No will be in or out



August 17, 2012

via SERFF

The Honorable Jay Bradford  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201  
*Attention: Life & Health Division*

**Re: Catlin Insurance Company, Inc.**  
**FEIN#: 204929941**  
**NAIC#: 4574 19518**

**Group Accident Amendment Filing**  
**Forms:**  
**Emergency Treatment Benefit Rider Form # AHAG 404 (AR) 0712**

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I thank you in advance for the time spent on this filing and trust that you will find everything in order. Please do not hesitate to contact me directly at 856-216-0220, x 211 or at [Carolyn@Westmontlaw.com](mailto:Carolyn@Westmontlaw.com) if you have any questions or require additional information.

Respectfully,

***Carolyn Smart***

Carolyn Smart